



I certify that on 11/5/03, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service as first class in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Craig A. Slavin

**PATENT**  
**Docket No. 015916-288**

**Applicant:** Phan  
**Serial No.:** 10/045,669

**Filing Date:** October 22, 2001

**Title:** Apparatus For Supporting  
Diagnostic and Therapeutic  
Elements In Contact With Body Tissue  
Including Electrode Cooling Device

**Group Art Unit:** 3739

**Examiner:** Vrettakos

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT IN RESPONSE TO THE OFFICE ACTION**

**DATED JUNE 19, 2003**

**RECEIVED**  
NOV 17 2003

TECHNOLOGY CENTER R3700

Sir:

In response to the Office Action dated June 19, 2003, time for response to which has been extended by the enclosed petition to November 19, 2003, please amend the above-identified application as follows:

**Amendments to the claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.

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P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith is an amendment in the above-identified application:

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established.
- ☐ A Verified Statement Claiming Small Entity Status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ A Petition for Extension of Time is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Small Entity Rate	Add'l. Fee	Standard Rate	Add'l. Fee
<b>TOTAL</b>	32 minus	31 =	1	x \$ 9	\$	x \$ 18	\$18
<b>INDEP.</b>	2 minus	3 =	0	x \$ 43	\$	x \$ 86	\$0
<input type="checkbox"/> 1st Presentation of Multiple Dependent Claim				x \$145		x \$290	
				<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$18</b>

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**TECHNOLOGY CENTER R3700**

☐ Please charge my Deposit Account No. 50-0638 the amount of \$ . A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$18 to cover the fee for additional claims is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.

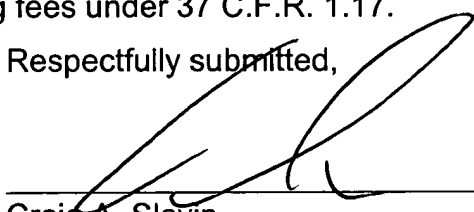
☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

Date

u/s/03

  
Craig A. Slavin  
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Attorney for Applicant

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